

RequisitionTHIS NUMBER MUST APPEAR ON
ALL INVOICES, BILLS OF LADING
AND PACKAGES**REQ NO:** [REDACTED]**VENDOR CODE:** [REDACTED]**Date:** 01-18-2012**VENDOR:** LindenmeyrMunroe**SHIP-TO:** MA Dept of Public Health
Amherst Drug Laboratory
Room N251 Morrill I
637 North Pleasant Street
Amherst, MA 01003

Requisitioner	Vendor Customer #	Delivery Date	G/L Account Code	Agreement #	Commodity #
Debbie Danforth	[REDACTED] P (800)237-2737	06-30-2012	53314516-1000EEE01	OFF28	

Line	Qty	U/M	Item Code/Description	Unit Price	Amount
1	10	cas	Copier Paper Deliver to Jim Hanchett, Amherst	37.4000	374.00
Total					\$374.00

Authorized Signature